PLACE OF DEATH	STATE OF MARYLAND
County Carolina (1)	CERTIFICATE OF DEATH
	Registration Dist. No. 6
Village or City Theusboro (No	St; Ward) [If death occurred in a hespital or institution,
2 FULL NAME Maggie Cruely	Cliedies give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hewale Will Single, Married, Wilder or Divorce of Orbits the word)	16 DATE OF DEATH (Month) 30/11, 1915 (Year)
6 DATE OF BIRTH 1838 3 257	17 (I HEREBY, CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw her alive on Cled 30 , 1915,
⁷ AGE If LESS than	and that death occurred on the date stated above, at 9.5 a.m.
7.7 yrs. 5 mos. 5 ds. OR min.?	The CAUSE OF DEATH * was as follows:
3 particular kind of work / Bue was the Hausekeepen	Balvula Hearthomble
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration) Process of de.
9 BIRTHPLACE (State or country) Burstoll Mid	Secondary Apalice Colice
10 NAME OF FATHER Williams Canadana	(Signed) December 18. mos. de,
11 BIRTHPLACE OF FATHER (State or country)	Oug 3/5/ 181.6 (Address) Treefobors *State the DISMAGE CAUSING DEATH, or, in deaths from VIGLENT
C 12 MAIDEN NAME CA TO PARE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef death yrsds. State,yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrasted, If not all piece of death?
(Informant) Mrs Josephine Moore	Former or usual residence
(Address) Ereensbord mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed all 31, 1915 till thurser	20 UNDERTAKER DODRESS
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

100.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil especially in industrial employments, it is necessary to tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. For many occupations a single word or term on the know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Statement of Occupation-Precise statement of occupa-(b) Automobile factory. The material worked on may form part precise specification as Day laborer, Farm laborer, Laborer Women at home, who are engaged in the duties of the household only (not paid Housekeepers employed, as At school or At home. Care should be taken to report specifically the occupations of persons engineer, Stationary freman, etc. But in many eases, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (retired For persons who have no occupation whatever, engaged in domestic service for wages, as Servant, Cook, or given up on account of the disease causing death, state occupation at beginning of illness. If retired from mill; (a) Salesman, (b) Grocery; (a) Foreman, Coal mine, etc.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart diseuse; Chronic interstitial The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUENPERAL septichormia," "PUERPERAL perilonius," etc. State cause for which surgical operation was undertaken. For violent deaths SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Poisoned by carbolic acid-probably under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee symptoms or terminal conditions, such as "Asthenia," state means of injury and qualify as accidental, and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) "Atrophy," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" Struck by railway train-accident; Revolver nephrilis, etc.

V. S. No. 1.

N. B.

15

PHYSICIANS should state Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSIGIANS should be GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Very

STATE OF MARYLAND 1 PLACE OF DEATH

County Coraline 10440	CERTIFICATE OF DEATH
8-11	Registration Dist, No. 63
Village or City Schleten No.	St.; Ward) [If death occorred to a hospital or Institution, give its NAME Instead of street and number.]
FULL NAME	There were
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR HACE 6 SINGLE, MARRIED WIDOWED OR DIVORCED OR DIVORCED OR Write the word)	(Moya) (Day (Year)
6 DATE OF BIRTH	5+ (1, a 18 5 (1, a 25 C
(Month) (Day (Yes	20 mars 6 200 mg
So yrs mos 8 ds OR m	than and that death occurred on the date stated above, at #20 Cmhrs. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Column family family particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrsmos,de
9 BIRTHPLACE (State or country) MA	Gontributory Secondary (Duration) Yrs. mos. di
10 NAME OF about ale a Custrus	(Signed), M. I
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violen
of Mother Calhamile Them	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	Af place in the of death yrs mos ds. State yrs mos ds.
(Informant)	Where was disease contracted, If not at place of death? Former or osuat residence
1-1 1 1	

DATE OF BURIAL

3 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Brito., Requesting V. S. No. 1.

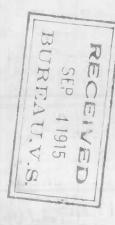
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) State cause for



N. B. - Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporty classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

County Carolice 5	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 60
Village or City Olokbor (No. , Peruse) 2 FULL NAME Beruse	St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
TAGE CDATE OF BIRTH (Month) (Day) (Year) 1 day, Chrs.	that I last saw he alive on the date stated above, at // @r The CAUSE OF DEATH * was as follows:
yrsmis. ds. ORmis. ? B OCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of industry	Principle Guth
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER EALL B. CULLULU	(Signed) (Oursition) yrs. mos. (Buralian) yrs. mos. (Signed) (Signed) (Address) (Address) (Address)
12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER	*State the DISPASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICICAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF RECENT RESIDENTS) At place of death
(Address) Jobs For My Knowledge (Address) Jobs For My Knowledge	Where was disease contracted, If not at piece of death ? Former or social residence 19 PLACE OF BURIAL OR REMOVAL Aug 24, 1915.
Filed 8 191 191 191 191 191 191 191 191 191 1	20 UNDERTAKER Settle Leuth 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servout, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomolive engineer, If retired from The question

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull The contributory (secondary or intercur-Never report mere "Atrophy," "Colwound of



V. S. No. 1.

16 Filed

PHYSICIANS should state of OCCUPATION IS very RECORD properly classified. Exact statement PERMANENT should be stated EXACTLY. UNFADING INK-THIS IS AGE carefully supplied. See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, s Important. m ż

County Caroleul 13443

STATE OF MARYLAND CERTIFICATE OF DEATH

Co	2 (P)	Registration Dist, No. 60
Vil	FULL NAME Carrie Brown	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED	16 OATE OF DEATH (Mouth) (Day (Year)
7 A	GE (Write the word) (Month) (Day (Year) (Yea	that I last saw here slive on ling 1915. that I last saw here slive on ling 1915. snd that desth occurred on the date stated above, at 3 40 9 m. The CAUSE OF DEATH* was as follows:
bus) General nature of industry, siness, or establishment to pich employed (or employer)	(Duration) yrs. nos 4 ss.
9 8	State or county Molecue Co	Contributor Curation yrs mos ds.
PARENTS	11 BIRTHPLACE OFFATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER 12 MAIOEN NAME OF MOTHER OF MOTHER 13 MAIOEN NAME OF MOTHER OF MOTH	*State the DISEASE CAUSING DEATH, or; in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENTS OR RECENT RESIDENTS
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	At place In the of deathyrs,mosds. Stateyrs,mosds Where was disease contracted, If not at place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

osual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as mine, ete. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Statement of occupation-Preeise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-ksis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequeuees (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puenperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasins); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. ample: ture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory (seeondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; Never report For VIO-



should is OCCUPATION PHYSICIANS PERMANENT classified. be UNFADING that WITH terms, plain 2 DEATH jo E OF Every

certificate.

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Instructions

See

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9 BIRTHPLACE (State or count

10 NAME OF

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...Ward)

Ilf death occurred in

a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MANTHO, WILD TED OF ORDIVORCED (Write the word) 1912 onth) (Day (Year) CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 dayhrs. was as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in

Contributo

OR RECENT RESIDENTS)

(Signed)

usual residence.

FATHER OF FATHER

which omployed (or employor)

BLACE OF DEATH

(State or countly) 12 MAIDEN NAM OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15 REGISTRAR

At place In the of death _____ yrs. ___ State Where was disease contracted. If not at place of death? Former or

(Duration)

*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

19 PLACE OF BURIAL OR REMOVAL UNDER

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



Z B

Cour	PLACE OF DEATH Out Out Out Out Out Out Out Ou	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa	ge or City Wenton (No. ,	Brown [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale White Single, Single widdwed on Divorced (Write the word)	16 DATE OF DEATH Qug 22, 1915 (Month (Day) (Year)
8 DA	Qua. 19 1915	that I last sawh Malive on 8-19- 1915,
7 AG	U 3 1 day,hrs.	and that death occurred on the date stated above, at J.A.m. The CAUSE OF DEATH * was as follows:
1 (8	yrs. mos. ds. OR min.? CCCUPATION a) Trade, profession, or arlicular kind of work	Infantile Convulsions
bu Wi	b) General nature of Industry usiness, or establishmeni in hich employed (or employer)	(Ouration) yrs. mos. ds.
9 8	(State or country) Md.	Secondary Secondary yrs
U U	10 NAME OF John Brown	(signed falls) (Address) Greenwood
RENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (1)	*State the Disease Causino Defen, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Vosa Udame	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 T	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds State, yrs mos ds Where was disease contracted, If not all place of death?
	(Informani) felly Isleany	Former or usual residence
15	(Address) Hickeman J	Wesley Com. DATE, OF BURIAL 8/23/, 191
1	11ed 8/23/, 1915 N. O. George Acgistran	C. W. adams & Bro Federaleby
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ds.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Sevent, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grosery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, applies to each and every person, irrespective tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the cian, ness of various pursuits can be known. The question first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part therefore an additional line At home. Care should be Never return If retired from "Laborer," of age.

unqualified, is indefinite); Tuberculosis of lungs Lobar precumonio, Bronchopneumonia ("Pneumonia," 5 [P. 2 1915] spinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: time and causation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE using always the same accepted Cerebrospinol "Croup");

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" nephrilis, etc. cough; Chronic valvular heart discose; Chronic interstitial to determine definitely. Examples: Accidental drawning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or misearriage as symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"PUERPERAL septichaemio, "Dropsy," Never report mere "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail; it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filld.

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15. V.S.

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PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated ciassified. 4 Pinous UNFADING INK-THIS properly AGE supplied. pe may certificate. carefully that 9 ō WRITE PLAINLY, WITH pe DEATH in plain terms. See Instructions on back should of information CAUSE OF mportant,

10 NAME OF FATHER

PARENTS

15 Filed

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

state Very

PLACE OF DEATH 1344 PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED. OROIVDRCEO (Write the word) DATE OF BIRTH 3 maro (Month) (Day TAGE 1 day,.....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

(Year)

If LESS than

KNOWLEDGE

REGISTRAR

If more bianks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Oc

Lit doubt accurred in

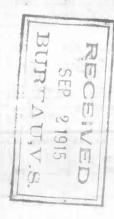
llen	St.;Ward	a hospital or institution, give its NAME instead of street and number.]
MEDICAL	CERTIFICATE (OF DEATH
DATE OF DEATH	du.	18 101/-
*************************	(Mopth)	(Day (Year)
17 I HERESY		I sttended deceased from
Ching /	15 to C	mg/2 1915
that I last saw her all	(111	9/2 1915
mat I last saw harmal all	ve on	
ind that death occurred o	n the date state	d above, at 430 2m
THE CAUSE OF DEATH*	was as follows:	
	0	**************
Sasho C	celerel	is
· 6 6 7 7 7 6 6 6 6 6 6 6 7 7 7 7 7 7 7		
	V (0.00)	
		yrsds
Contributory Secondary	L'hauste	bu
Secondary 7	Carplane &	
A	(Julianum)	mosds
(Signed)		felou , H.O
en 19 , 1915 TI	(ddress) Folk	Lord
		r, in deaths from VIOLENT and (2) whether Acciden-
OR RECENT RESIDENCE	CE (FOR HOSPITAL	, INSTITUTIONS, TRANSIENTS
At place	In the	
or death yrs mos.	ds. State	yrs, ds
Where was disease contracted, It not at place of death?		
Former or		
usual residence		1
19 PLACE OF BURIAL OR	REMOVAL	DATE OF BURIAL
Han farm	~	Aug 20 , 1915
20 UNDERTAKER		ADDRESS
Guss Drite	TIT	Geldelon
1 2000 1/1/10	111011	1/11/11/11/11/11

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of tungs, meninges, peritonaeum, etc., Carcin-

mia," "l'uerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PLACE OF DEATH N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. County Caroline

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.4

St.; -Ward)

[If death occurred in a hospital or iostitution, give its NAME instead

FULL NAME Slassy // Ca	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Usual (Stingle, Wishowed, ORDIVAGED (Write the word)	16 DATE OF DEATH Uny , 1915- (Month) (Day (Year)
B DATE OF BIRTH	17 I HERERY CERTIFY. That I attended deceased to the state of the stat
(Monto) (Day (Year)	that I last saw hull alive on 18 3/ 1915
7 AGE If LESS than 1 day,hrs. ORmin, ?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	Mening itis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. / ds.
9 BIRTHPLACE (State or country) Essey	Secondary (Ouration) yrs mot 4 ds.
10 NAME OF Elines Carles	(Signed) Moderni, M. D.
11 BIRTHPLACE OF FATHER Z WAIDEN RAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTHE	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a vivelle readell	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country Mary Caud	At place In the of death yrs mos ds. State yrs mos ds
(Informant) Come to the Sept of MY KNOWLEDGE	If not at place of death?
(Address) Goldslow	19 PLACE OF BURIAL OR BEMOVAL BATE OF BURIAL
Filed Aug 1 , 1915 - 902 Cooper BEGISTRAR	Quindentaken Goldsfors O
	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

13446

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "I'UERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of Never report For vio-



1 PLACE OF DEATH STATE OF MARYLAND LY. PHYSICIANS Exact statement of CERTIFICATE OF DEATH County Registration Dist. No. .. Ward) RECORD EXACT classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE. 16 DATE OF DEATH stated MARRIED. PERMANENT WIDDWED OR DIVORCED (Write the word) (Month) properly certificate HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH should (Year) be (Day) TAGE of If LESS than may and that death occurred on the date stated above. Ш t day, hrs. back O The CAUSE OF DEATH * was as follows: THIS OR min. ? D supplied. so that 0 OCCUPATION (a) Trade, profession, or suo particular kind of work (b) General nature of lodustry terms, instructi business, or establishment in carefully (Ourstion) which employed (or employer 9 BIRTHPLACE (State or country) Contributory Seconda ain See 10 NAME DE be 2 FATHER pino important I PARENTS 11 BIRTHPLACE (Address) (State or country) 4 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, ш 12 MAIDEN NAME OF MOTHER Informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 Very OR RECENT RESIDENTS) USE 13 BIRTHPLACE At place In the DE MOTHER WRITE (1) (State or country) of deathyrs.mss. Every item of In should state CA OCCUPATION I 4 Where was disease centracted. 14 THE ABOVE IS If not et plece of deeth? Fermer er usuel residence REMOVAL Address 15 20 m REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

DATE OF BURIAL

600

a hospital or institution. give Its NAME instead of street and number.

(Day)

If death occurred in

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write Nonc. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil cngineer, Stotionary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer, very important, so that the relative healthful-The material worked on may form part If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uraemia," "Weakness," "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... symptoms or terminal conditions, such as "Asthenia," (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-Examples: Accidental drowning; by carbolic acid-probably "Dropsy," "Exhaustion," Never report mere



15

PLACE OF DEATH 13445	CTATE OF MADVI AND
County Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City masydel (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal Black Single, MARRIED, WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH 29 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That 1 attended deceased from
**Company Company Comp	191 to 191
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Buration) yrs. mes. ds. Contributory Secondary
10 NAME OF FATHER HOLL KNOW THE STATE OF FATHER OF FATHER (State or country) Hout Know The Mail of the State	(Signed) (Si
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) R A Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mes. de. Stata, yrs. mes. ds. Where was disease contrasted, If not at place of death? Former or usual residence
(Address) massadel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

....., 1915......

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the nisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Forenian," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil cngineer, Stotionary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pncumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

birth or miscarriage as "PUERPERAL septicluemio," under the head of "Contributory." surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anzemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Struck to determine definitely. "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. by railway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; "Dropsy," Never report mere (Recommendations "Exhaustion,"



V. S. No. 1.

Count		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6
Villag	e or City Reca Nodesly (No	St.; Ward) [if death occurred in a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Quy , 1910 (Month) (Day) (Year)
6 DAT	TE OF BIRTH (Minth) (Day) (Year)	that I last saw her alive on July 26, 1918
7 AGE	A	and that death occurred on the date stated above, at 3 P. n. The CAUSE OF DEATH * was as follows:
(a) part (b) busi whice	CUPATION Trade, profession, or licular kind of work General nature of industry liness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Malinian Jyrs mos J4
RENTS	10 NAME OF FATHER John Collier 11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME 2 112 MAIDEN NAME	(Signed) 6 5 Surette M. Cug2, 1915 (Address) Reage Cy Ma *State the DISEASE CAUSING PEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PA	OF MOTHER Marka Downs 13 BIRTHPLACE OF MOTHER (State or country) Mary land IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of deethyrs
	(Informant) Martha Downs	If not at piece of deeth?
	(Address) Ridgely md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL QUE 2, 1915

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired Housemoid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. engineer, Stationary fremun, etc. But in many eases, especially in industrial employments, it is necessary to precise specification as Day laborer, Furm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal few (the only definite synonym is "Epidemic cerebrospinal meningitis"), Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Logar pneumonia, Bronchopteumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menuic

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marassmus," "Old Age," "Shock," "Uraemia," "Weakness." genital," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) head-homicide; Poisoned by corbolic acid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of by railwoy train-accident; Renolver wound of "Senile," etc.), "PUENPERAL septichaemio," "Dropsy," "Exhaustion," "Atrophy," ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
SEP 21915
BUTREAULV.S.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. N. B.

13449 1 PLACE OF DEATH Coroline

County.....



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 6

.Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOROR RACE Single, MARRIEO, WIDOWEO, See Ale (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY SERTIFY, That I attended deceased from
Month (Day Kear)	that I last saw her alive on aug 17, 1915
7 AGE if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, st
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry.	learing en la faction
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Secondary (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME	(Signed) , 191 (Address) *State the Disease Causing Dearli, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds
(Informant)	If not at place of death?————————————————————————————————————
(Address) Filed Grang 19, 1815 Blands B. Harrison Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Grand 19 1915 20 UNDERTAKER WM H. Hollis & Sun Beston
FATHER SEE MACHE 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE ISTRUE TO THE BEST OF MV KNOWLEDGE (Informant) (Address) 16 Filed Charles, 1915 ARABA B. CAMMANA REGISTRAR	*State the DISEASE CAUSING DEATH, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accident tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transient or Recent Residence) At place in the of death yrs, mos. ds. State yrs, mos. dwhere was disease contracted, if not at place of death? Former or usual residence. 19 Place of Burial or Removal Date of Burial Grant State Grant

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uccfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Assepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause of death approved by Committee on Nomencla-The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for "Exhaustion,"



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WRITE PLAINLY, WITH

S. No. 1.

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Filed aug 12, 1915

PERMANENT

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. item OF Every item CAUSE OF Important. m

13450 1 PLACE OF DEATH



STATE OF MARYLAND

ADDRESS

County Cloraline	CERTIFICATE OF DEATH
	Registration Dist. No. 6.3
Village or City Restau (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flewale or color or race single, MARRIED, WIDOWED, WIDOWED, ORDIVORED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Mont) (Day (Year) 7 AGE (Mont) (Day (Year) 1 (LESS than f day,hrs. ORmin.?	that I last saw h anve on
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Mukaard yrs. mos. ds
which employed (or employer) **BIRTHPLACE** (State or country) **The country of the country of	Gentributory Secondary (Duration) yrs mos ds
10 NAME OF Chas Eugenwau 11 BIRTHPLACE OF FATHER 70 11 BIRTHPLACE OF FATHER 71 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	(Signed) \$15 Downes, M. D. Aug 12, 1955 (Address) Prestau
(State or country) 12 MAIDEN NAME OF MOTHER Manue Gelon	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Chao Eugunau	if not at place of death? Former or osual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Measles (discase causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County lear aline le	STATE OF MARYLAND CERTIFICATE OF DEATH
4 1 1 1	Registration Dist. No.
Village or City Yyells 100 (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That Lattended deceased from
6 DATE OF BIRTH Mag & 10, 18415 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Mun him, 1910, to Any 20, 1911, that I last saw help alive on Any 20, 1911,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at Julim.
yrsdsds	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work Ruse Ruses	That here:
(b) General nature of Industry business, or establishment in which employed (or employer)	Contributory Cash as there
(State or country)	Secondary
FATHER Samuel History	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CLICKLATE LICENSTATE ALLAND LICENSTATE L	State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicipal.
of MOTHER Cligatith departy 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was dieease contracted, if not at place of death?
(Informant) /41 1 Casa Kralos	Former or :
(Address) Quelin Curry	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL Cug. 23, 1015
16 (11/2/1915 A. D.B/Corn	20 UNDERTAKER Appress Appress
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as prabably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," The contributory (secondary or intercuras "Puerperal septichnemia, "Dropsy," "Exhaustion," Never report mere



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1 DI ACE OF DEATH

Village or City Seulou (No	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MINONED OR DIVORCED (Write the word)	16 DATE OF DEATH (Youth) (Day) (Year 17 HEREBY CERTIFY, That attended deceased from
© DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on Aug 28, 1916
Cleart 65 yrs. mos. ds. or min.?	and that death occurred on the date stated above, at \$A. They CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Spirition removal of
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Luary land	Contributory Contr
10 NAME OF FATHER Win. Booker	(Signed) Dawson Oliverge M
OF FATHER (State or country) M 12 MAIOEN NAME	*State the DISEASE CAUSINO DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of death
(Informant) Cler Griffithe	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Scalar Suf File (LLL) 31, 191 6 40 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Distor Ceruetary Cary 3/, 191. 20 UNDERTAKER ADDRESS Liver Liver Liver Liver Liver Liver

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus; Farmer (relired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be the duties of the household only (not paid Housekrepers engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, various pursuits can be known. Women at home, who are engaged in Architect, Never return "Laborer," Locomotive engineer, etc., without more If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," neumonia, Bronchopneumonia ("Pneumonia," nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee mus," on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septicharmia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopucumonia Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neophasms); Measles; ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," railway train-accident; Revolver wound of (secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," (Recommendations Never report mere "Exhaustion," Whooping



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PHYSICIANS RECORD PERMANENT stated EXACTLY. AGE carefully supplied.

See instructions on back of certificate.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very that it WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in piain terms, so Important.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

C.W. Cladus Para Hederaliting

fif death occurred in

FULL NAME Phothern G	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sundle Marines, Midowed Openword (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 7.0 (Month) (Dev (Year)	that I last saw h alive on, 191
TAGE If LESS than 1 day,hrs. ORmin.? COCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The South was found that it was pick that it was found to the control of the control o
9 BIRTHPLACE (State or country) Delaware 10 NAME OF FATHER State OF FATHER (State or country) Doub Rounce 12 MAIDEN NAME OF OF MOTHER OF MOTHER	Contributory Secondary (Duration) TS. MOS. ds. (Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Aug S. 191 5 Deliver R	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 FINE EAST DUBINE OF HEMOVAL DATE OF BURIAL C-UTILISM DAY, MILES 27, 1915.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the bisease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," udqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably snieide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Sepile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
SEP 21915
BURTAU, V.S.

PLACE OF DEATH	STATE OF MARYLAND
County Caroliur	CERTIFICATE OF DEATH
/ County	Registration Dist. No. 66
Village or City Redgely (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
2 FULL NAME not named	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH () Jonth) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Aug; 4, 1915	that I last saw h im alive on aug 10, 1918
7 AGE (Month) (Day) (Year) 1 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at \$\mathbb{Z}\$, m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Ex Translion
business, or establishment in which employed (or employer)	Contributory Premature Birth
9 BIRTHPLACE (State or country) Caroline Co Ind.	Secondary (Buration)
10 NAME OF Matthews Johns	(Signed) & . J. Switte M. O
11 BIRTHPLACE OF FATHER (State or country) Couroling Co Mid.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSERS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Bessie Johnson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Caroline Co Md.	OR RECENT RESIDENTS) At placa In the of deathyrsmosds. State,yrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) # Alm John John John John John John John John	if not at place of death? Former or usual residence
(Informant) Mashem John John (Address) Ridgely Drid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 13, 1915!
Filed aug 12, 1915 Down	Smith and 3 Emb a ridgely
If more blanks are needed address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

7 50

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part tion is very important, so that the relative healthfulor given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), Dropes, "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," mus," "Old Age," "Shock," "Oracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as birth or miscarriage as "Puenperal septichaemia," head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revalver wound as to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths cause. "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valeular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of.... "Puerperal peritonitis," etc. State cause for which rent) affection need not be stated unless Always qualify all diseases resulting from child-The contributory (secondary or intercur-ACCIDENTAL, inportant.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1915
BURDAULE.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

Coun	ty Carpline 13454 are or city Prestons (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 St.: Ward) [If death occurred in
	2 FULL NAME Meluida from	a hespital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Be 6 DA	male Neyro (Write the word) TE OF BIRTH Makenown 1	16 DATE OF DEATH (Month) (Day) (Yoar) 17 I HEREBY CERTIFY, That I attended deceased from 1910, 19
par	(Meach) (Day) (Year) If LESS than 1 day, hrs. OR min.? CCUPATION) Trade, profession, or ticular kind of work) General nature of lodustry	and that death occurred on the date stated above, at /** The CAUSE OF DEATH ** was as follows:
bus whi	chempleyed (or employer) RTHPLACE (State or country) 10 NAME OF	Contributory Contr
PARENTS	11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef deeth
15	(Address) SESCON MARINES ON GRANDES ON BASIS ON BASIS ON THE PROPERTY OF THE P	Firmer or usual residence 19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL OKAS OSMETERY CAMPAGE 20 UNDERTAKER ADDRESS
	REGISTRAR If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Al no

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the bead of "Contributory." and consequences (e. g., sepsis, ldanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Struck by railway train-accident; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent peaths "PUERPERAL perilonitis," etc. State cause for birth or miscarriage as "PUERPERAL septicháemia," mus," "Old Age," "Shoek," "Uratmia," "Weakness," cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of gcs, perilonacum, etc., Carcinoma, Sarcoma, etc., of..... when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), Poisoned by carbolic acid-probably "Dropsy," "Exhaustion," (Recommendations Revolver Never report mere wound of



N.B.

Village or City Mean Deulsono:	CERTIFICATE OF DEATH Registration Dist. No. 62 St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME John Milla	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That Lattended deceased from
Enal (Month) (Day) (Year)	that I last saw har alive on aling 14th, 1910,
TAGE If LESS fhan 1 day, hrs. yrs. — mos. — // vs. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: Opinion of the country of the co
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Ouration) yrs. mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs
(Informant) Diellow Ding (Address) Seulow Dud-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL O DATE OF BURIAL O DATE OF BURIAL
Filed Aug 16, 1915 A Older 10 Programmer Registrar. If more blanks are needed, address State Registrar.	20 UNDERTAKER AODRESS Dirgil Moon Drulon

STATE OF MARVIAND

1915

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed (b) Auto-

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on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by curbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL perilouities," etc. State cause for which birth or miscarriage as "Publiceral septichucaria," mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart discuse; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childnia" (merely symptomatic), "Atrophy," "Col"Coma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Dropsy," (Recommendations "Exhaustion," Whooping



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

carcfully supplied,

See instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in plain terms, s

10 ż

PHYSICIANS should state of OCCUPATION Is very

may be properly classified. Exact statement

RECORD

PERMANENT stated EXACTLY.

No. 1.

1 PLACE OF DEATH

County Learn Court



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 62

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Leng a widowed, ORDIVORCED	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH 26	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Yes	15 that I feet and by
age ptil Bond 1 day	hrs. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work.	Blell Born -
b) General nature of Industry, usiness, or establishment in which employed (or employer)	(Duration) yrs goos ds.
(State or country)	Secondary Contributory
10 NAME OF Lewis Me Frank	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	At place In the
13 BIRTHPLACE OF MOTHER (State or country)	ot death yrs ds. State yrs, ds
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie ample: Mcasles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

#	PLACE OF DEATH	STATE OF MA	RYLAND
Coun	ty Caroline	CERTIFICATE O	OF DEATH
		Registration Di	st. No. 64
Villa	ge or city Hederals rurgino.	St.; Ward)	[If death occurred in a hospital or institution.
	2 FULL NAME Harald D M	ereditte.	give its NAME instead of street and number.]
.1000	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	MARRIED 4 °	16 DATE OF DEATH	21 1915
n	vale Mate Widowed Ingle of Divorces (Write the word)	(Month)	(Day) (Year)
6 DA	TE OF BIRTH	HEREBY CERTIFY, That lat	tended deceased from
3.	may 18, 1914	that I last saw he salive on The	1910,
7 AG	(Month) (Day) (Year) E !! LESS than	and that death occurred on the date of	20
	1 day, hrs. or min.?	THE CAUSE OF DEATH & was as follow	
8 00	CUPATION		Teesten.
par) Trade, profession, or ticular kind of work	Moora Co	
bus) General nature of industry described in the state of industry desired in the state of industry described in the state o	(Duration)	vre mae 6 de
	ch employed (or employer)	Contributory	
	RTHPLACE (State or country)	Secondary	vist men da
	10 NAME OF LALL	(Signed to Jap	M. 0.
Ŋ	11 BIRTHPLACE	7 / Cha-1	waldengfu)
PARENTS	OF FATHER (State or country)	State the DISEASE CAUSINO DEATH, or CAUSES, state (1) MEANS OF INJURY; and	in deaths from VIOLENT (2) whether ACCIDENTAL,
AR	12 MAIDEN NAME OF MOTHER	Studied of Homicidal? 18 LENGTH OF RESIDENCE (FOR HOSPITALS,	17
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	
-	OF MOTHER (State or country)		,yrs ds.
	A BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not st place of death?	
	(Informant) and Merillust	usual residence	
	(Address) Federalshing und	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	ano 21, 1915 - Phollerson	1 Calvals Inva Ma	ADDRESS
File	REGISTRAR	I thambound lou	Tederalshin
	If more blanks are needed, address State Registrar,	W. Saratoga St., Batto., Requesting V. S. No. 1	and t
			1119

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Paisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deatus "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakless," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Senile," etc.), The contributory (secondary or intercur-ACCIDENTAL, report mere



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

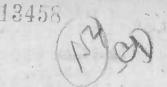
Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, so

PHYSICIANS should state

RECORD

1 PLACE OF DEATH County Caracuse Orestan



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	
Married, Morries of Wildred (Write the word)	(Month) (Year) 17 I HEREBY CERTIFY, Take attended deceased from
Out 27, 826 (Month) (Day (Year)	that I last saw h wallve on Gengle J. 1910
7 AGE 86 yrs mos ds or min.?	and that double out the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or eountry) M 12 MAIDEN NAME OF MOTHER OF MOTHER	(Duration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds. (Signed) , M. D. (Signed) , M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENS, OR RECENT RESIDENTS) At place of death yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
Fliedry 15, 1915 Shes B. Christian REGISTRAN If more blanks are needed, address State Reg	20 NORTAKER ADDRESS Strar, 6 Ef Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be cutered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerpenal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Mcdical Association.) by earbolic acid—probably suicide. The nature of the such, if impossible to determine definitely. Examples: The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (secondary or intercurrent)



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. engaged in domestic service for wages, as Servent, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day loborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coul mine, etc. Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never. return "Laborer," (b) Autoof age.

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetonus) may be stated heod-homicide; Poisoned Struck to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent beaths "Tuerperal peritonitis," etc. State cause for which birth or miscarriage as "Publiperal septichuemia," mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), cough; Chronic vulvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of... "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping cause. etc., when a definite disease can be ascertained as the "Anaemia" rent) affection need not be stated unless important (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Auspay, ("Con-The contributory (secondary or interemby carbolic acid-probably "Dropsy," Never report mere "Exhaustion,"



-Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION Is very important. See instructions on back of certificate. RECORD FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A RESERVED MARGIN

V. S. No.

N. B.

CERTIFICATE OF DEATH Registration Dist, No. 6.3 Village or Gity Village or Gity Village or Gity Registration Dist, No. 6.3 [If death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH MARRIED, WIDOWED, WIDOWE		PLACE OF DEATH 13466 STATE OF MARYLAND
Village or Gity Village or Gity Registration Dist, No. 2 [If death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH ACCUPATION OF DIVORCED (Month) (Day (Year)		CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED, WIDOWED, WIDOWED, ORDINORGED ORDINORGED (Month) (Day (Year)		
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(Month) (Day Year) that I last/saw h Lie allve on Cludy 39, 191		and the state of t
7 AGE If LESS than and that death occurred on the date stated above, at / P	m,	Tage
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8 OCCUPATION Received Received	4	8 OCCUPATION RELECTION
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(b) General nature of industry, business, or establishment in which employed (or employer)	ds.	Dusiness, or establishment in
9 BIRTHPLACE (State or country) Secondary		State or country) Callegione Secondary
10 NAME OF Levels Name (Signed) (Signed) (Duration) yrs mos do	ds.	10 NAME OF
11 BIRTHPLACE OF FATHER (Address) Oreslace		11 BIRTHPLACE OFFATHER (Address) (Address) (Address)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.		*State of country.) / Odd Cleer *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal.
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THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, If not at place of death?		4 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE Where was disease contracted,
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Filed ling of 9, 1915 Chas B. Harrison 20 UNDERTAKER ADDRESS REGISTRAR REGISTRAR Was A Allis Lan Preston M.	<u> </u>	Filed ling 29, 1915 Chas B. Harrison 20 UNDERTAKER / 1 ADDRESS
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	al .	The control of the co

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gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECENVED
SEP 41915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Coun	nty carolini	STATE OF MARYLAND CERTIFICATE OF DEATH
-		Registration Dist. No. 60
Villa	ge or City Joldsbor (No. ,) 2 FULL NAME Orein Lo Di	St; Ward) [If death occorred in a hospitat or institution, give its NAME instoad of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARKIED, WIDOWED	16 DATE OF DEATH & 25-, 1915- (Month) (Day) (Year)
6 DA	Menth 21 19/3- (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from , 191, 191, 191, 191, 191
7 AG	yrs. 3 mes. 3 ds. Or min.?	and that death occurred on the date stated above, at
par (b bus whi	CCUPATION () Trade, profession, or ritcular kind of work () General nature of industry siness, or establishment in ich emplayed (or employer) IRTHPLACE ((State or country)) Marufar (10)	Contributory Secondary (Buration)
RENTS	10 NAME OF FATHER ON Of Phen 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed) School Louis Country Local Rey M. 0 8/26 , 1915 (Address) School Country Causing Drath, or, in deaths from Violent Causins, state (1) Minans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
14 TH	of Mother Fannis Griffing 13 BIRTHPLACE OF MOTHER (State or country) Maryland HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place Is the of death yes
16 File	(Address) Goldstono 8/26, 1815: W. Llooofree REGISTRAR	19 place of Burial or REMOVAL See 18 27 1915 29 UNDARTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1346

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the seeond statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Plonler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, suicidal, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Struck by railway train-accident; Revolver "PUERPERAL perilonitis," etc. Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull State cause Never report mere "Exhaustion, nound



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or institution, give Its NAME instead of street and number.]

MEDICAL CERTIFICATE	OF DEATH
Aug. 27t	h.1915. ,191 (Day) (Year)
I HEREBY CERTIFY, That I a	ttended deceased from
Tury 27, 191 S, to Clas	ceg 2 7 , 191 5,
that I last saw he cualive on Co	cy 27 , 1915,
and that death occurred on the date s	
The CAUSE OF DEATH * was as folio	
A /	
Strangulation	- Following
excutisus	······································
(Duration)	yrsmos. ds.
Contributory Secondary	
	yrs. mos ds.
Alleg 27, 191. (Address)	
*State the Disease Causing Death, o Causes, state (1) Means of Injury; and Suicidal of Homicidal.	(2) whether Accidental,
B LENGTH OF RESIDENCE (FOR HOSPITALS	, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS) At place to the	a
of death	ls,yrsmos ds.
Former or usual residence	
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Federalsburg, Md.	Aug. 27th, 1915
O UNDERTAKER	ADDRESS
J.T. Framptom & Son,	Federalsburg

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers "Yoreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housemobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to ciau, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-kpinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobur pneumonia, Bronchopmeumonia of lungs, menin-uniqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," head-homicide; Poisoned to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. birth or miscarriage as "Puenpenal septichaemia," etc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Debility" ("Conby carbolic ocid-probably "Dropsy," "Atrophy," "Exhaustion," wound of



state Very

3 SEX

TAGE

ARENTS

15

m

DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER (State or country)

(b) General nature of Industry,

business, or establishment in

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Carolins Registration Dist. No. Ilf death occurred in ...Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, OCA WIDOWED, (Monta) ORDIVERCED (Write the word) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from (Month) (Year) If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: which employed (or employer) Contributory... Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. If not at place of death? Former or usoai residence.

OF BURIAL OR REMOVAL

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease Causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from etc., when a definite diseasc can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," mere symptoms or terminal couditions, such as "Asample: Measles (discase causing valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failurc," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of deatb), 29 ds.; "Exhaustion," For vio-



	1 PLACE OF DEATH	STATE OF MAR
Coun	ty Carolius 10400 2)	CERTIFICATE O
		Registration Dis
Villag	ge or City Rugsly (No.,,	
	² FULL NAME.	lomas.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, Widowed Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH August, (Month)
6 DA	TE OF BIRTH	aug / 9 1910 to au
	May 11 1859	that I last saw her alive on Cui
7 AG	(Month) (Day) (Year)	and that death occurred on the date sta
	56 yrs 3 mas 16 4s OR min.?	The CAUSE OF DEATH # was as follow
6 00	CUPATION)	Uracina
(a	Trade, profession, or foreserves	
) General nature of Industry	(Ouration)
Whi	RTHPLACE	Contributory Chronic
01	(State or country) Marchand	Secondary
1	10 NAME OF FATHER	(Signed) & F. Sunt
S	11 BIRTHPLACE	aug 28, 1914 (Address) Rid
FZ	(State or country) (State or country)	State the DISEASE CAUSINO DEATH, or, CAUSES, state (1) MEANS OF INJURY; and (1)
PAR	12 MAIDEN NAME Clerkneverse	SUICIDAL OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	Al place In the of death
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not al place of death?
	(Informant) (folia Granific	Former or usual residence
	(Address) Ridgela Ind	19 PLACE OF BURIAL OR REMOVAL
15	2 211 (258)	20 UNDERTAKER
File	REGISTRAR	A Butelent
	If more blanks are needed address State Registrar.	16 W. Safatoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 66

St.;Ward)	[it death occurred in a hospital or institution.	
	give its NAME instead	

MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH August, (Month)	22 , 1915 (Day) (Year)
17 I HEREBY CERTIFY, That I att	
ang 19 ,1910, to an	9 22 1915
that I last saw her alive on au	/
and that death occurred on the date st	
The CAUSE OF DEATH * was as follow	
Urazinia	
J. S. M. T. W.	000 00 000 00 00 00 00 00 00 00 00 00 0
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································
(Duration)	yra. mos. 3 ds.
Contributory Chronic Secondary	nephrilis
(Buration)	2 /
(L A . +	+
(1,)	M. O.
Clug 26, 1914 (Address) / Leo	egely ma.
State the DISEASE CAUSINO DEATH, OF, CAUSES, state (1) MEANS OF INJURY; and (SUICIDAL OF HOMICIDAL.	in death from VIOLENT (2) whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS) Al place In the	
tte praee	yramos ds.
Where was disease contracted,	
If not all place of death?	***************************************
Former or usual residence	*************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Horas neunploures	aug 24, 1915
20 UNDERTAKER	ADDRESS
/T / MIXEATILE	VILLERIAM

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Solesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. engineer, Stationary freman, etc. But in many cases, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oecupavarious pursuits can be known. The question The material worked on may form part Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," heod-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichumia," "Puenperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childchopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, ctc. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anacmia" rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Meostes; Whooping (name origin; "Cancer" is less definite; avoid use of (mercly symptomatic), The contributory (secondary or intercur-Never report mere "Atrophy," "Col-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1915
BURDAU, V.S.

LY. PHYSICIANS Exact statement of EXACTLY. RECORD classified, properly BINDIN certificate should eq of may ы O + that peliddus 80 terms, C See pe C pino EA 0 informati 0 USE WRITE should state CA

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1 PLACE_OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in .Ward) a hospital or institution. give Its NAME Instead of street and number. I ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR DRAGE SINGLE, 16 DATE OF GEATH MARRIEO, WIOOWED OR DIVORCEO EREBY CERTIFY. That attended deceased from 6 DATE OF BIRTH (Day (Year) 7 AGE If LESS than 1 day, hrs. min. ? ds. OCCUPATION
(a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributor: Secondary 10 NAME OF FATHER S 11 BIRTHPLA ENTS (Address) State of *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (ountry) 12 MAIDEN NAME Œ SUICIDAL OF HOMICIDAL. PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Ai piace In The OF MOTHER (State or country of death Stafe. YES. Where was disease contracted. if not al place of death? Former or (Informant) usual residence DATE OF BURIAL 15 AOD REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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[Approved by U. S. Census and American Public Health Association.]

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N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	Line Address Contact C	
	PLACE_OF DEATH 13466	STATE OF MARYLAND
	Exculing 1	CERTIFICATE OF DEATH
Cou	nty Court	CERTIFICATE OF DEATH
	0 1-11	Registration Dist. No. 6.
Villa	ge or City Treston (No.	St; Ward) [If death occurred in
· · · · · · · · · · · · · · · · · · ·	2 FULL NAME Place Place	a hospital or institution, give its MAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
2	Mele Neuro WIDOWED Chigle	(Month) (Day) (Year)
1/1		17 I HEREBY CERTIFY That I attended deceased from
0 01	TE OF AIRTH MALA OCH	Muy 23, 1913, to Well 23, 1915,
	(Month) (Day) (Year)	that I lest saw hullalive on all 123 195.
7 AG		and that death occurred on the date stated above, at 8 m.
	1 day, hrs.	The CAUSE OF DEATH * was as follows:
	yrs. mos. / ds. OR min.?	Capellary Branchitio
8 0	CCUPATION 1) Trade, profession, or 7001	The state of the s
- pa	ricular kind of work	
) bu	slness, or establishment in Toric	(Ouration) yrs. mos. 3 ds.
	IRTHPLACE (State or country)	Contributory
	(State or country)	(Burelike) we man de
	10 NAME OF FATHER	IN IN O I. In
10	Beilled VEly	(Signed) M. O
F	11 BIRTHPLACE OF FA HER (State or country)	8/2-2, 1913 (Address) // Eller. M.
RENTS	(State or country)	*State the DISEASE CAUSING DEATH; or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAF	OF MOTHER CAME	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
-	13 BIRTHPLACE	OR RECENT RESIDENTS)
	(State or country)	At piece in the ef deeth yrs. mes. ds. Stats, yrs. mos. ds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piecs of deeth?
	(Informant) Staller Mills	Fermer er
	((Mitorinani)	usus! residence
	(Address) Torslon M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	0 18 21	MIT Pleasant Gemeter 8/22, 101.5
FI	of ling 25, 1915 Chas B. Narrison	20 UN OERTAKER / KODHESS
	REGISTRAR	MM Nollis Son Bellou
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be -Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railwoy troin-accident; Revolver wound of surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. State cause for which ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, birth or miscarriage as "PUERPERAL septichaemia," eause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important cough; Chronie valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... (name origin; "Cancer" is less definite; avoid use of The eontributory (seeondary or intercur-"Dropsy," Never report mere "Exhaustion,"



	1 PLACE OF DEATH 13467	STATE OF MARYLAND		
0	Paroline	CERTIFICATE OF DEATH		
Coun	Ty the control of	Registration Dist. No.		
Villa	ge or City telesalshing (No.	St; Ward) [If death occurred in a hospital er institution,		
	2 FULL NAME Still bittle	give its NAME instead of street and number.]		
401	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 OATE OF DEATH AND 97, 1915 (Month) (Day) (Year)		
6 DA	TE OF BIRTH 97 1913	Out 29 1914 to 29 1914		
7 AG	E Stan 1 day, hrs.	and that death occurred on the date stated above, at 10 Pm.		
	yrs. mos. ds. OR mio.?	The CAUSE OF DEATH * was as follows:		
8 00	CUPATION) Trade, profession, or	Still born infant		
par	ticular kind of work	(Sardoldy 71/2 moules)		
bus) General nature of industry iness, or establishment in	(Buration) yrs. mos. ds.		
9 81	RTHPLACE (State or country)	Contributory		
	(State or country)	Secondary (Buration) yrs mos ds		
	10 NAME OF FATHER	(Signed) Try, F. Gallowry, M.O.		
S	11 BIRTHPLACE	Aug 30, 191 0 (Address) Federals bring, Md		
RENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.		
PA	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At pisce In the ol double yes mes ds. Stats, yes mos ds.		
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dissess contracted,		
	(Informant) Clarence & Oelf	Formor or usual residance		
	(Address) Federalshing and	He des als lang and and 28, 1915		
16 File	ang 28, 1915 B. H. Dellerson REGISTRAR	20 UNDEBTAKER ARCHESS HE DE CONTRACTOR OF THE DESCRIPTION OF THE DESCR		
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, Locomotive engineer, eer, Stationary fireman, etc. But in many For persons who have no occupation whatever, But in many cases, If retired from

Statement of Canse of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

state means of injury and qualify as accidental, mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hecmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. " "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver The contributory (secondary or intercuras "PUERPERAL septichaemia," Examples: Accidental drowning; "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," purnom



Cou	age or City hear drithalle (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ATE OF BIRTH ATE OF BIRTH (Month) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 (I WEREBY CERTIFY, That lattended decrased from 1915, to 1918), that I last saw h emalive on 1918),
ons on back o	yrs. 2 mes. 2 ds. OR min.? OCCUPATION a) Trade, profession, or articular kind of work b) General nature of industry usiness, or establishment in	and that death occurred on the date stated above, at
A	State or country) 10 NAME OF FATHER Marriel Williams,	Contributory Secondary Guration yrs. mas. ds. (signed) M. 0.
very important	OF MOTHER Wollie Toulson	State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1). MEANS OF INJURY; and (2) whether Accidental, SCICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
.00	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE (Informant) (Address) CADDRALL TURY (Address) CADDRALL TURY (Address)	of death yrs. mes. ds. Stata, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 19 11.
	Filed Aug 7, 191 5 3 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	20 UNDERTAKER ADDRESS ADDRESS 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from (b) Auto-Ciril

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereudosis of tungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated haul-homicide; Poisoned by earbolic, acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Aecidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State eause for which birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the mus," "Old Age," "Shoek." "Uracmia," "Weakness," "Araemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasnephrilis, etc. The contributory (secondary or intercurcough; Chronic valuular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meastes; Whooping The nature of the injury, as fracture of skull,



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RECORD PERMANENT THIS UNFADING INK WITH

state PHYSICIANS should of OCCUPATION IS classified. o properly AGE supplied. pe may certificate. 05 ō back terms. uo plain See instructions Information 2 DEATH 0 Item E OF FO mportant. Every 0 ż

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

(Address).....

15

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilt death occurred inWard) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. 1910 WIDDWED. ORDIVORCED (Mont (Day (Year) CERTIEY, That I attended deceased from (Montu (Day (Year) TAGE It LESS than and that death occurred on the date stated above, 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

At place	In the
ot death yrs mos ds.	State yrs, mos
Where was disease contracted,	

Former or

usual residence

BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

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etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from genital," "Scuile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for

